Early Childhood Intervention (ECI)

Random Moment Time Study

The Agenda

Random Moment Time Study (RMTS) will include:

- RMTS Overview
- RMTS Requirements
- Contacts – Roles and Responsibilities
- Participant List
- Moment Selection
- Moment Response
- System Demonstration
- Polling Questions
- Medicaid Administrative Claiming (MAC) Overview
- Wrap up

What is Random Moment Time Study (RMTS)?

A valid random sampling technique that measures the participant's time performing work activities

The "Moment" represents one minute of time that is randomly selected from all available moments within the quarter

Statewide time study sample

Regardless of the ECI the time study participant is located, once the moment has occurred, please logon to STAIRS and respond to the series of questions documenting the activity being performed and the name of the entity.

Significantly reduces staff time needed to record participant activities

Overview - Purpose of RMTS

- **To determine the percentage of time the ECI incurs assisting individuals to access medically necessary Medicaid funded services**
  - Medicaid Outreach
  - Medicaid Eligibility Determination
  - Medicaid Referral, Coordination, and Monitoring
  - Medicaid Staff Training
  - Medicaid Transportation
  - Medicaid Translation
  - Medicaid Program Planning, Development & Interagency Coordination
  - Medicaid Provider Relations
- **To reasonably identify staff time spent on activities during the given quarter.**

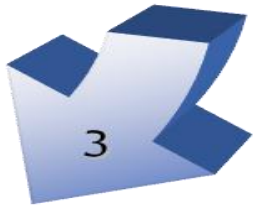
Overview – Time Study Activities

Direct Medical – Providing care, treatment and/or counseling
Outreach – Informing students, families and groups about available services
Eligibility – Assisting students or families with the Medicaid eligibility process
Referral, Coordination, and Monitoring – Making referrals, coordinating and/or monitoring activities on a student's Individualized Educational Plan (IEP)
Staff Training – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
Translation – Arranging or providing translation to a student or family to access medical or Medicaid services
Transportation – (Exclude bus drivers) aides and monitors accompanying students in need of personal care services or arranging transportation to medical services
Program Planning, Development & Interagency Coordination – Developing strategies to improve the coordination and delivery of medical or Medicaid services
Provider Relations – Activities to secure and maintain Medicaid providers

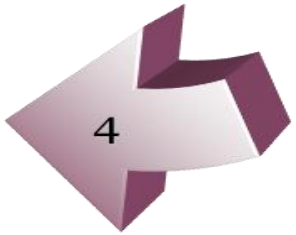
Overview – RMTS Process

RMTS Contact identifies pool of time study participants

HHSC Contractor identifies pool of available time study moments

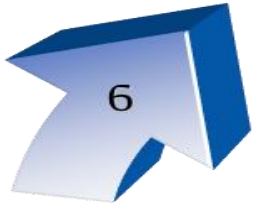


HHSC Contractor randomly matches moments and participants



RMTS Contact ensures selected participants are trained

Participant responds to selected moment by answering moment online



HHSC contractor codes moment

Requirements for RMTS

- **Time Study Periods (Federal Fiscal Quarters)**

  1st Quarter - October, November, December

  2nd Quarter - January, February, March

  3rd Quarter - April, May, June

  4th Quarter – July, August, September

- To claim MAC must participate in time study.
- Participant List (PL) must be certified for entity to participate in the random moment time study (RMTS).
- To be included on the MAC claim, the position must be included on the PL.
- A statewide response rate of 85% for RMTS moments is required.
- Mandatory annual training for RMTS Contact and participants is required.

Requirements - Important Dates

Event	Opens/Begins	Closes/Ends (6 p.m CT)
Participant List (PL)		
• 1st Quarter PL	08/13/2021	09/15/2021
• 2nd Quarter PL	09/16/2021	12/15/2021
• 3rd Quarter PL	12/16/2021	03/15/2022
• 4th Quarter PL	03/16/2022	06/15/2022
Time Study (TS)		
• 1st Quarter TS	10/01/2021	12/31/2021
• 2nd Quarter TS	01/03/2022	03/31/2022
• 3rd Quarter TS	04/01/2022	06/30/2022
• 4th Quarter TS	07/01/2022	09/30/2022

Requirements – Training

Each RMTS Contact must complete HHSC training annually

RMTS contacts are required to complete only one HHS annual initial training and then are eligible to take “refresher” trainings.

Initial training must be interactive and therefore must be conducted via Face-to-Face, Webinar, Skype or Teleconference

Refresher training may be conducted via CD's, videos, web-based and self-paced training

HHSC **requires** that all participating ECI’s have at least 2 employees attend mandatory RMTS Contact training

Trained RMTS contacts are responsible for training Time Study (TS) participants annually

MAC Financial Contact training is mandatory and held separately

Requirements – Managing Training

- Full Access versus View Only Access.
- System Access is limited to "View Only" until training is completed

STAIRS Contacts

Entity Contacts

- Chief Executive Officer (CEO)
- RMTS Contacts
- MAC Financial Contacts

Time Study Participants

Health and Human Services Commission

HHSC Contractor

- Fairbanks LLC
- Technical Support
- Central Coding Staff

Chief Executive Officer (CEO)

- Must be designated as a contact in STAIRS. Username and password will be provided via E-mail
- Has the ability to add the Primary RMTS Contact
- Primary RMTS Contact can add Secondary Contacts

When a Primary or Secondary RMTS contact is added, it automatically generates an e-mail containing their username and password.

RMTS Contact

Must be an employee of the entity or its designee

Primary RMTS Contact must be an employee of ECI

- ECI assumes all responsibility for designee's actions/non-actions

Ensure all contact information is current and accurate

Must attend annual training provided by HHSC

Verify and update quarterly Participant List

Provides RMTS training to sampled participants

Provides ongoing technical assistance to participants

Ensure ECI compliance with 85% required response rate

- Receives weekly list of participants that did not respond to their moments (document reason for missed moments)

Contact can enter paid and unpaid time off for the selected participants when they are unavailable

RMTS Contact (con't)

- Time study participants should complete their moment if they will be returning within 5 business days of their occurred moment.
- The RMTS Contact should respond to a participant's moment as "paid or unpaid" leave if the participant will not return within 5 business days.
- The RMTS Contact should respond to moment of a vacant position as "unpaid" leave. If a position has been filled, the selected moment should be forwarded to the new employee for response.
- If the position is filled after the 3-day notification has been e-mailed to the vacant position or the employee previously in that position, the new employee will have to use the username and password provided on the 3-day notification
- If you have an employee (contractor or regular) has been selected for a moment but is working for another ECI at the time of their moment, they will still respond to the moment and include the name of the ECI they were located.

Managing The Time Study Sample

Time Study Participant Responsibilities

Time Study Participant must:

- Must answer the following to document the sampled moment:

  What were you doing?

  Why were you doing it?

  Activity a benefit to?

  Who were with you?
- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment

Time Study Participant

- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.
  - Primary RMTS Contact copied on the 72-hour reminder
- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.
  - Primary RMTS Contact will be copied on the e-mail

HHSC
–
Time Study Unit

- Provides RMTS support and guidance
- Provides training to RMTS Contacts
- Provides training to Central Coders
- Works with appropriate federal agencies to design and implement programs
- Conducts ongoing program review to include:
  - Time Study results
  - Compliance with training requirements
  - Documentation compliance
- Sends out the non-compliance notification letters

Fairbanks

-

Central Coders

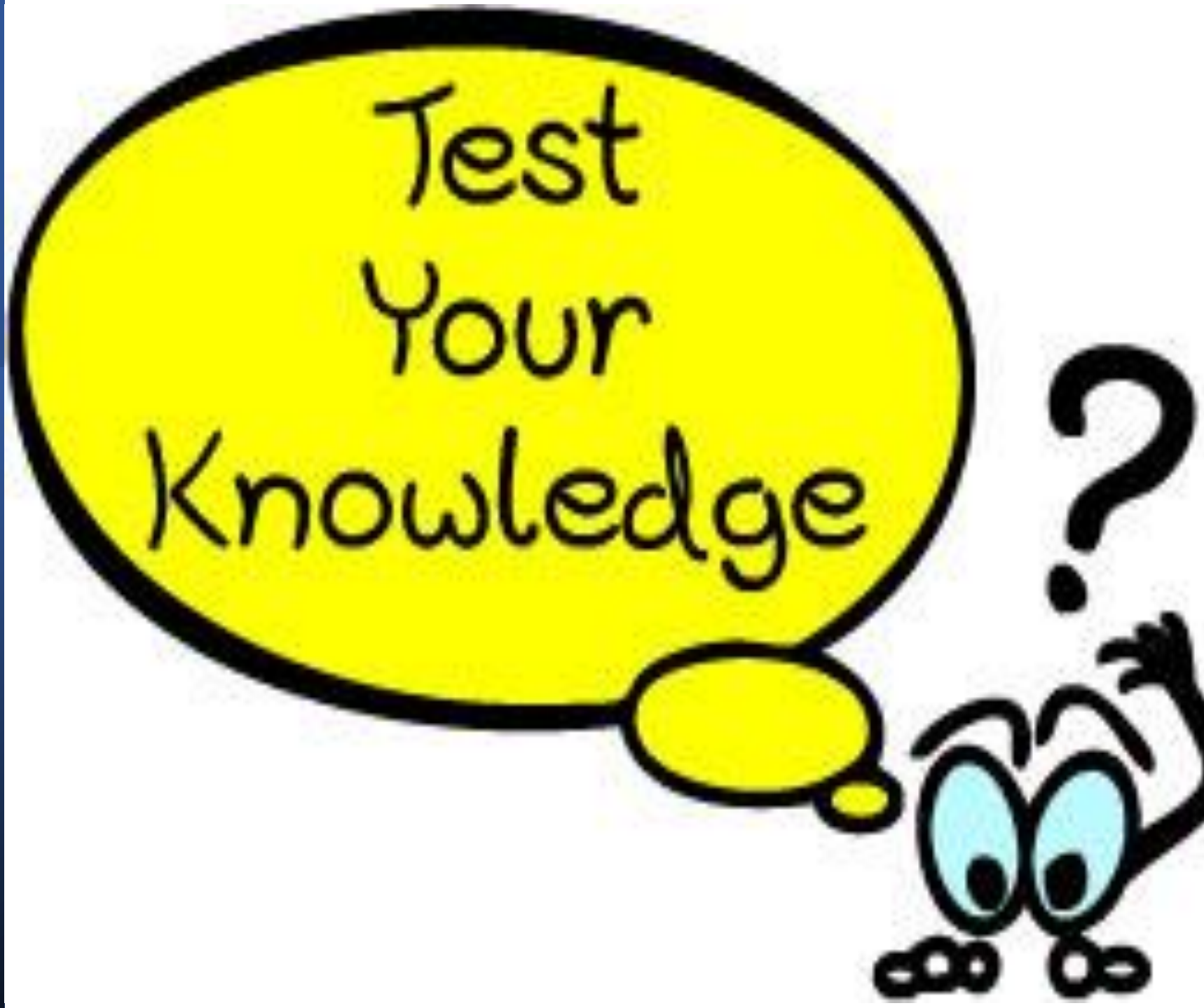
Central Coders

- Receive training from HHSC on activity codes
- Review the participant's response for the sampled moment
- Assign activity code using uniform time study codes
- Obtain clarifying information if needed from time study participants via follow-up e-mail within 3 business days of request.
- Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance.

Fairbanks, LLC. - Technical Support

- Contracted by HHSC to operate and administer the web-based RMTS system
- Assist in annual training for RMTS Contacts
- Ongoing system support
- Send e-mail notification to selected participant 3 days prior to the sampled moment
- Send reminder e-mails for non-response to the sampled moment

Polling Question



Polling Question

1. **If a participant is selected for a “moment,” the participant should respond to the moment stating:**

A. A summary of what their job duties are

B. What was specifically done at the time of their moment

C. What they were doing in that one minute of the moment

D. B&C

E. None of the above

Participant List-
-
Agenda

Agenda

- Development
- Certification
- Who's In
- Drop Down Options
- System Demonstration

PL - Development

A trained RMTS Contact provides in STAIRS a comprehensive list of staff eligible to participate in the RMTS at the beginning of each quarter.

After the PL closes, you cannot add/delete a participant nor change position/function category.

Each time the PL is updated, it is also certified.

The RMTS Contact must open the PL and click the “certify the PL” button prior to the deadline, even if there are no changes to the participant list from the previous quarter.

PL - Development

An accurate PL is a critical part for ensuring eligibility for MAC

- If the PL is not updated/certified by the deadline, the ECI is ineligible to submit a MAC claim for that quarter

Reminder e-mails will be sent only to those ECIs that have not certified their PL.

- If your ECI receives an email, please check to make sure your PL has been certified.

The PL provides a basis to identify the positions that may be included in the MAC claim

- The positions that perform MAC activities should only be listed on the PL.

PL Development
–
Vacant Positions

Vacant Positions

Inconsistent implementations from year to year and entity to entity

- Only the vacant position(s) the ECI anticipates filling during the quarter should be included on the PL
- Should be reviewed and edited each quarter before the PL closes
- Loading the PL with vacant positions limits the opportunity for the selected moment to be a reimbursable response
- RMTS Contact responds to the moment as paid/unpaid leave
- Excess ultimately lowers the RMTS percentage across the State

PL Development – Duplicate Positions

Duplicate Positions

- Identify and Remove from PL
- If more than one job function is performed by the participant, include it only once on the PL in the category/function performed majority of the time.
- Email(s) will be sent to those entities identified as having possible duplicate entries.
- HHSC trained RMTS Contact will be responsible for removing duplicate entries prior to the PL close date.

To remove duplicates from the PL do the following:
Export your PL to Excel. Choose the column of data (e.g. address, external ID) that may have duplicates. Highlight that column and choose the "conditional formatting" option. You'll see an option there to "highlight duplicate values"

It's easy to identify and remove any duplicates.

PL Development

Participant List - Who's In???

- Staff who perform MAC activities:
  - Regular duties on a weekly basis
  - Regular Staff
  - Federally funded employees

- Contractors (including all positions) who are not employees of the entity but provide services for entity.
  - For one position being filled by multiple contractors, it should be listed as one position on PL
  - For multiple positions filled by one or more contractors, then each position should be listed on PL.

- Vacant positions that are anticipated to be filled (with reasonably certainty) during the quarter.

PL Drop-down Options

ABA Specialist
Assistant Director
Audiologist – Licensed
Dietitian - Licensed
Early Intervention Specialist (EIS)
Licensed Professional Counselor (LCP)
Marriage and Family Therapist
Nurse – Advanced Practice (APN)
Nurse – Licensed Vocational (LVN)
Nurse – Registered (RN)
Occupational Therapist – Licensed (OT)
Occupational Therapist –Certified Assistant (COTA)
Other Management Staff
Parent Educator
Physical Therapist – Licensed (PT)
Physical Therapist – Assistant (LPTA)
Pre-Enrollment Staff
Program Director
Program Supervisor
Psychologist – Licensed
Psychologist – Licensed Associate (LPA)
Public Outreach/Child Find Staff
Service Coordinator
Site Manager
Social Worker – Licensed Clinical (LCSW)
Social Worker – Licensed Master (LMSW)
Social Worker – Licensed Baccalaureate (LBSW)
Speech and Language Pathologist – Licensed (SLP)
Speech and Language Pathologist – Licensed Assistant (SLPA)
Team Leader
Trainer/Coordinator

PL Development – System Demonstration

Demonstration of RMTS online system:

- Participant List Development
- Managing Contacts
- Designating “Willing to Hire Out”
- Training Tracking
- Time Study Sample
- Monitoring Response Completion
- Documenting non-response

Polling Question

Polling Question

2. **To be included on the MAC claim and/or SHARS cost report, the position must be included on the PL.** True/False

3. **A Primary RMTS Contact does not have to be trained annually?** True/False

Polling Question

4. Which of the following IS NOT a requirement for Random Moment Time Study participation?

A. Certify the Participant List (PL) for each quarter

B. Have an "active" MAC contract

C. To meet the mandatory training requirements quarterly

D. Maintain the 85% response rate for selected moments

Time Study Moment – General Information

- ❑ Total pool of moments calculation

  (work days in quarter) x (work hours each day) x (60) x (# of participants)

- ❑ Time study “moments” are randomly selected throughout the entire quarter
- ❑ A time study “moment” represents one minute at the selected time
- ❑ If a participant is sampled for a “moment,” their only responsibility is to document what they were doing at that precise minute
- ❑ Some options have “hover-over” and/or “question marks” that provide additional information that helps the participant make the best selection

Polling Question

Polling Question

5. **Entities should review and remove any duplicate positions on the PL before certifying.** True/False

6. **What is true about "Contract positions on the PL?"**

a. List each contracted person under one position
b. List one position being filled by multiple
c. Each contracted multiple position should be listed on PL.
d. Contract positions do not belong on the PL
e. B&C

RMTS Participant Moment

Demonstration of RMTS Online System:

- ❑ Sampling and Notification
- ❑ Participant Questions
- ❑ System Demonstration
- ❑ Moment Completion

E-mail sent to selected participants

Name:
Entity:
Entity Contact:
RMTS Category: Pre-Enrollment Staff
Random Moment: 09:29 AM on 07/25/2018

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your entity. Your participation is mandatory and assists your entity in obtaining reimbursement for Medicaid Administrative Claiming (MAC).

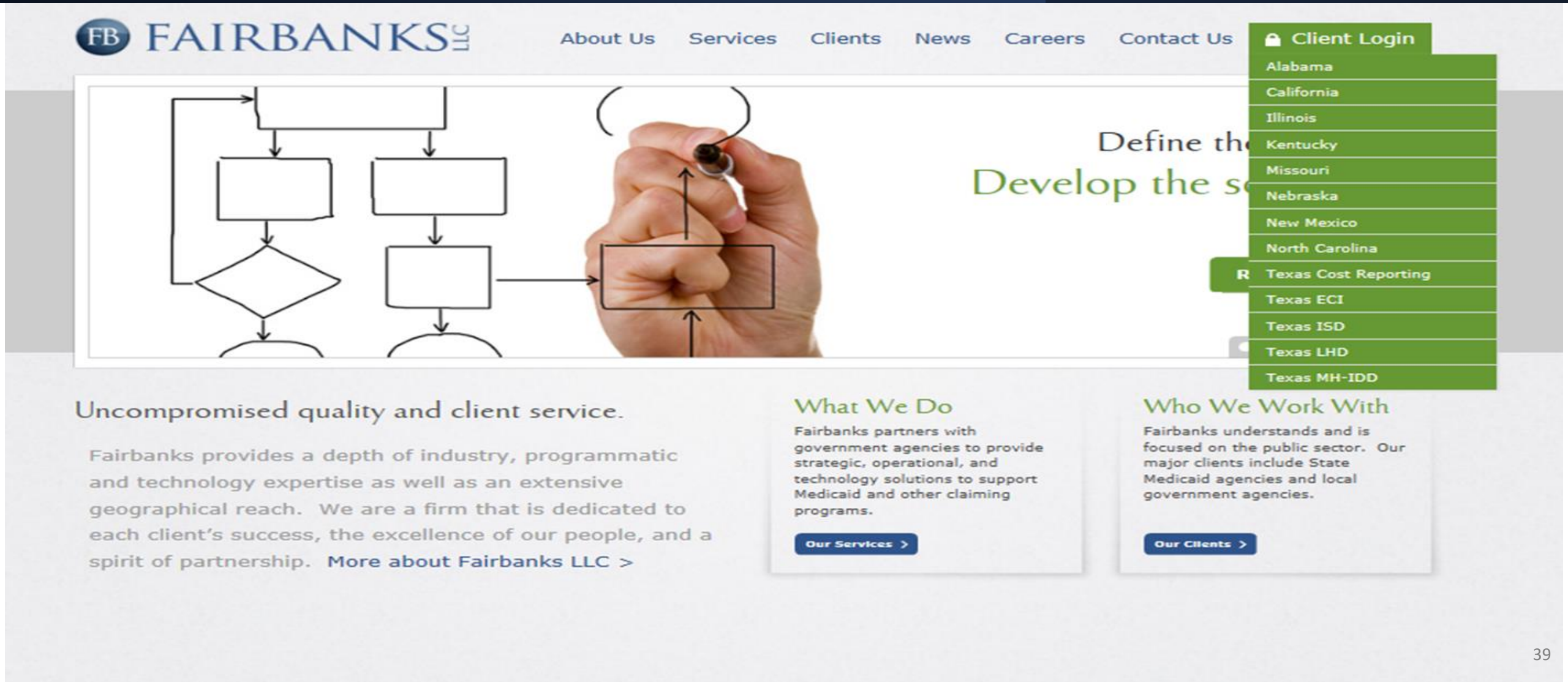
In order to complete the Random Moment Time Study, you will need to a go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 09:29 AM on 07/25/2018.

User Name:
Password:

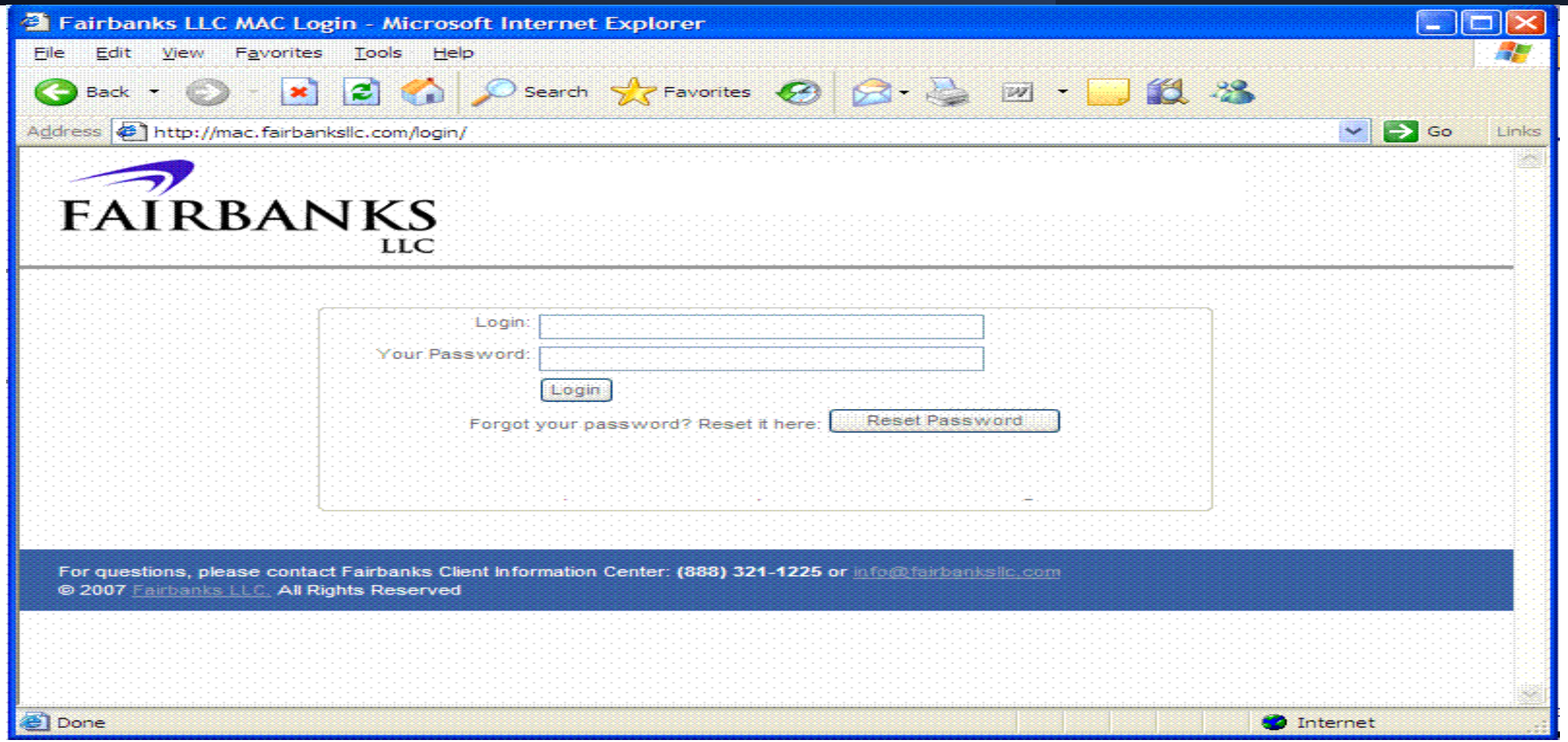
If you need any assistance or have any questions, please contact your RMTS Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

Moment – Notification Example

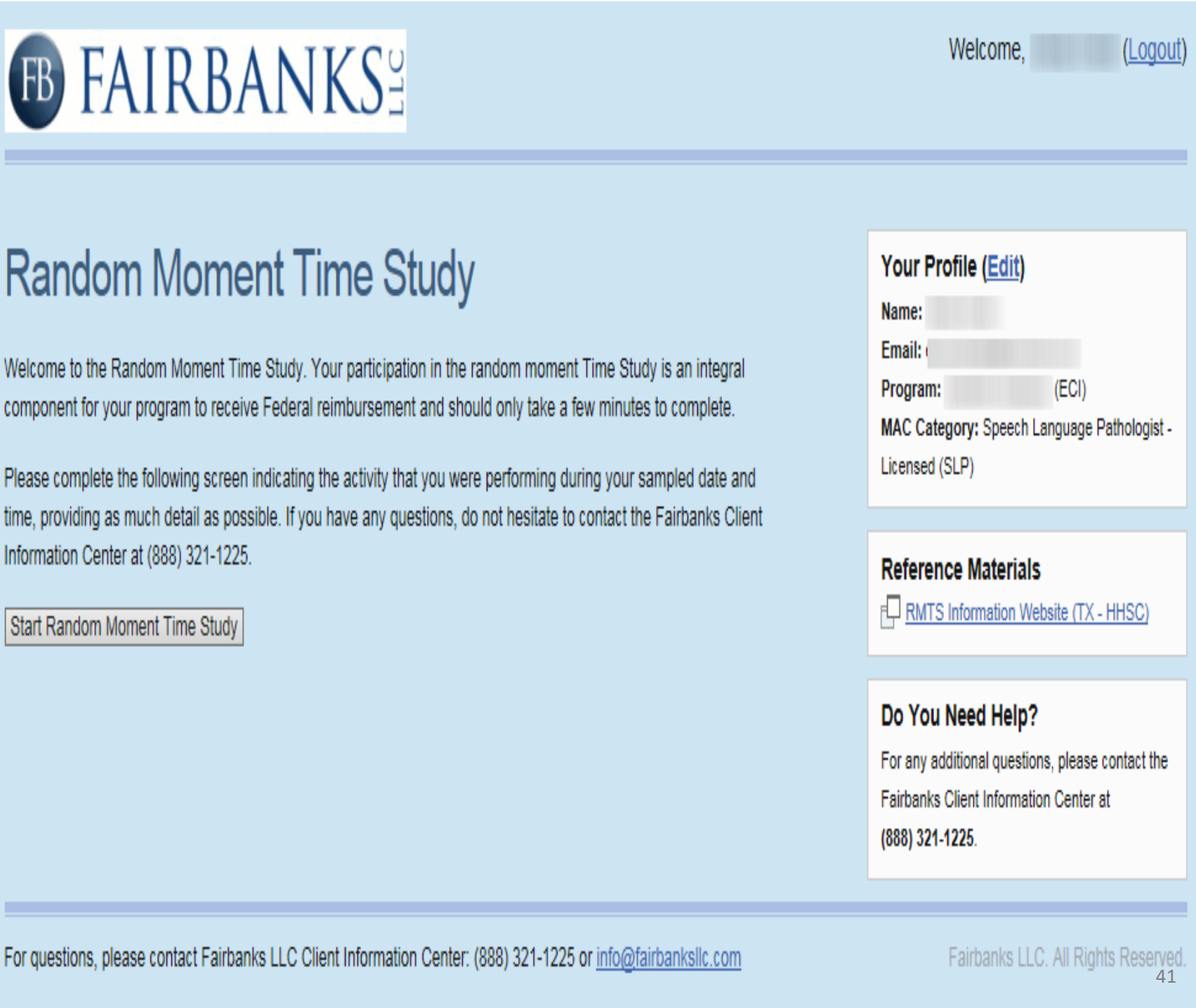
Moment – Web Page Screen



Moment – Log-in Screen



Moment – Welcome Screen



Moment – Instruction Screen

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study on behalf of your organization. You are required to complete the following Time Study questionnaire, which will ask you several questions that you will answer for your sampled date and time. The specific information that you provide on the Time Study is not shared with your organization, however it is reviewed by Fairbanks personnel and coded for Medicaid reimbursement purposes. As a result, it is important that you complete the Time Study accurately.

The following provides guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time.
2. Choices are provided for your convenience. If you do not see a response that applies, click "other" and provide details.
3. If you use acronyms in the description of your activity, please provide a definition of the acronym.
4. If you were with a child, Do not provide client-specific names, instead your response can state that you were working with a child or group of children.
5. Some responses do not provide enough description. Examples of unacceptable responses:
   - "I was doing my job."
   - "I was completing my job responsibilities."
   - "I was completing this time study form."
6. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.
7. If you are travelling at the selected moment, please associate the time spent travelling with the activity you will be performing when you are done travelling. For example, travelling to a direct service appointment, the travel time is reported as direct service.
8. The term **caregiver** includes all individuals who are responsible for the child's safety and well being throughout the day. Examples: Parent, foster parent, extended family, daycare provider.
9. Time spent **travelling** to or from the activity is considered a part of that activity. For example, travel to a child's home to provide case management is considered as time spent providing case management.
10. Time spent **preparing** for the activity and **documenting** the activity are to be considered a part of that activity. For example, collecting the necessary forms in preparation of an evaluation is considered time spent performing the evaluation.

Please click on the button below to continue.

Continue to Random Moment Time Study

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: Early Intervention Specialist
(EIS)

Reference Materials
RMTS Information Website (TX – HHSC)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at **(888) 321-1225**.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Moment – Questions

- **WHAT** Were You Doing?
  - **WHY** Were You Doing It?
    - It's a Benefit to **Whom?**
      - **WHO** Were You With?

Moment – System Demonstration

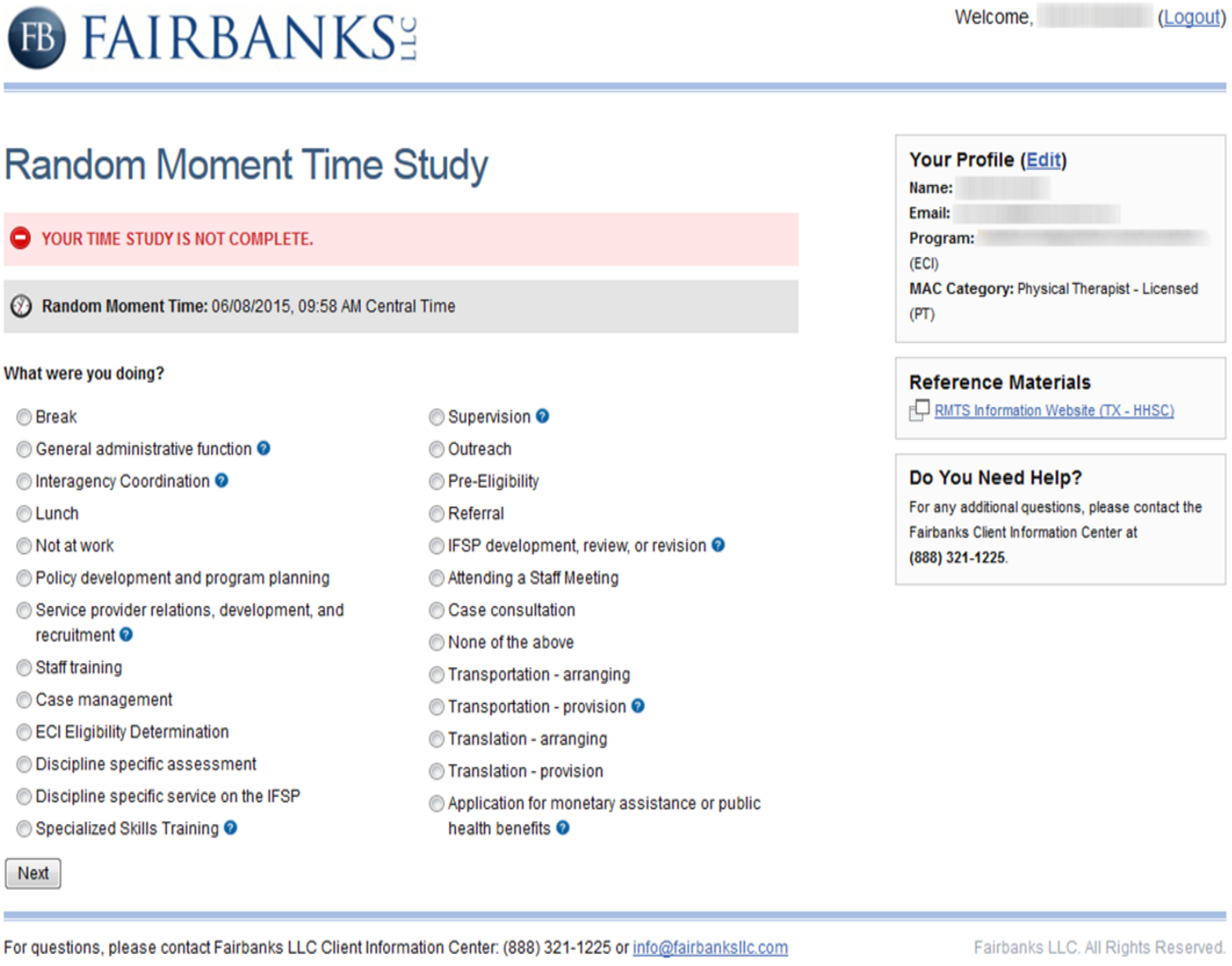
Participants' Moment Demonstration

How Sample Participant's respond to their time study moment

Response - Question 1

What were you doing?

What were you doing?



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

What were you doing?

- Break
- General administrative function
- Interagency Coordination
- Lunch
- Not at work
- Policy development and program planning
- Service provider relations, development, and recruitment
- Staff training
- Case management
- ECI Eligibility Determination
- Discipline specific assessment
- Discipline specific service on the IFSP
- Specialized Skills Training
- Supervision
- Outreach
- Pre-Eligibility
- Referral
- IFSP development, review, or revision
- Attending a Staff Meeting
- Case consultation
- None of the above
- Transportation - arranging
- Transportation - provision
- Translation - arranging
- Translation - provision
- Application for monetary assistance or public health benefits

Next

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted] (ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials
RMTS Information Website (TX - HHSC)

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Response - Question 1

What were you doing?

What were you doing?

- ❑ **Application for monetary assistance or public health benefits?**

  (hover over) Examples: CHIP, Medicaid, WIC

  For what type of assistance?

  - Food stamps
  - CHIP
  - Medicaid
  - TANF
  - WIC
  - SSDI
  - SSI
  - None of the above

    Please identify the type of assistance (open text)

Are you the assigned service coordinator?

Yes

No

Response - Question 1

What were you doing?

What were you doing?

- ❑ **Attending a Staff Meeting**
  - Client(s) specific meeting
  - General staff meeting
  - Sharing new strategies in the field to better serve children
- ❑ **Break**
- ❑ **Case Consultation** (*hover over* – 2 or more staff)
  - Peers within ECI
  - Collateral consultation – with staff outside of ECI
  - None of the above

Please provide a 2-3 sentence description of what you were doing at that moment. (open text)

Response - Question 1

What were you doing?

What were you doing?

❑ **Case Management**

Coordination and transitioning
IFSP development, review, or revision
Referral
Monitoring

Are you the assigned Service Coordinator?

Yes No

Type of Contact

Face to Face
Phone
None of the above

Response - Question 1

What were you doing?

What were you doing?

Case Management (cont.)

Who were you working with ?

Child who is eligible for ECI
Child whose eligibility for ECI has not been determined yet
Child determined to not be eligible for ECI
Family member/caregiver and NOT THE ECI CHILD
Group of people
None of the above

Please indicate the focus of the activity (open text)

Discipline Specific Assessment

Select the service

Discipline Specific Service on the IFSP

Select the service

Response - Question 1

What were you doing?

What were you doing?

- ❑ **ECI Eligibility Determination**
  - Which evaluation did you perform?
    - Initial
    - Annual
  - Was the evaluation within your scope of practice under state law?
    - Yes
      - What is your license or certification? (open text)
    - No
    - Don't know

Response - Question 1

What were you doing?

What were you doing?

❑ **IFSP development, review or revision**

(hover over) includes comprehensive needs assessment

Are you the assigned Service Coordinator?

Yes No

Was the parent physically present?

Yes No

No

Please indicate your discipline:

- EIS
- Licensed Dietitian
- Occupational Therapist
- Physical Therapist
- Speech Language Pathologist
- Other (open text)

Response - Question 1

What were you doing?

What were you doing?

- ❑ **General Administration**
- ❑ **Interagency Coordination**
  - Select service
- ❑ **Lunch**
- ❑ **None of the above (text box)**
- ❑ **Not Working**
  - Paid Time Off
  - Leave without pay
- ❑ **Outreach**

Response - Question 1

What were you doing?

What were you doing?

- ❑ **Policy Development/Program Planning**

  The policy or planning was related to

- ❑ **General Administration**

  Provide 2-3 sentence description (text box)

  Service Provision

  Select Service

- ❑ **Pre-Eligibility**
  - Service Coordination
  - Screening
  - Initial Evaluation
  - None of the above (text box)

- ❑ **Referral**

Response - Question 1

What were you doing?

What were you doing?

❑ **Service provider relations, development, and recruitment**

(*hover over* – External and internal to your ECI program)

Indicate what you were doing:

- Developing resource directory of external providers
- Recruiting service providers (*Hover over* – includes developing job descriptions, advertising the opening, and conducting interviews for employees or contractors)
- Providing technical assistance to external provider(s)
- Providing information to external provider(s) on policy, regulation, and/or statute
- None of the above

Please provide a 2-3 sentence description of what you were doing at that moment. (open text)

Response - Question 1

What were you doing?

What were you doing?

Service provider relations, development, and recruitment (con't)

Does or will the provider(s) provide Medicaid reimbursable services?

Yes

Please identify the discipline:

Advanced Practice Nurse
Audiology
Counseling
Dentist
Home Health Care
Hospice
Nutritional
Occupational Therapy
Optometry
Physical Therapy
Physician/Physician Assistant
Psychological
Social Work
Speech
None of the above (Open Text)

No

Response - Question 1

What were you doing?

What were you doing?

- ❑ **Specialized Skills Training**
- ❑ **Staff Training**

  Participating, Providing or Coordinating training for specific services.

  For which service?

  - Developmental Services (Hover over – Skills training and development)
  - Case Management
  - Other (prompts service list)

- ❑ **Participating, Providing or Coordinating all other training**

Response - Question 1

What were you doing?

What were you doing?

- ❑ **Supervision**
  - Administrative Supervision
  - General Service Provision
  - Supervision related to EIS certification
  - Service Specific
    - Specialized Skills Training
    - Case Management
    - Other (Select Service)
- ❑ **Translation (Arranging)**
- ❑ **Translation (Providing)**
- ❑ **Transportation (Arranging)**
- ❑ **Transportation (Providing)**

SERVICE LIST

Academic/GED
Audiology
Behavioral intervention services
Case management
Day care
Dental care
Employment/Vocational

Family education and training (*Hover over* – Assisting family in understanding the special needs of the child (Examples – Love and Logic, CPS, Safety Training, Parents as Teachers)

Family planning
Genetic counseling
Head Star
Health Services
Home health care/DMEPOS
Hospice
Housing

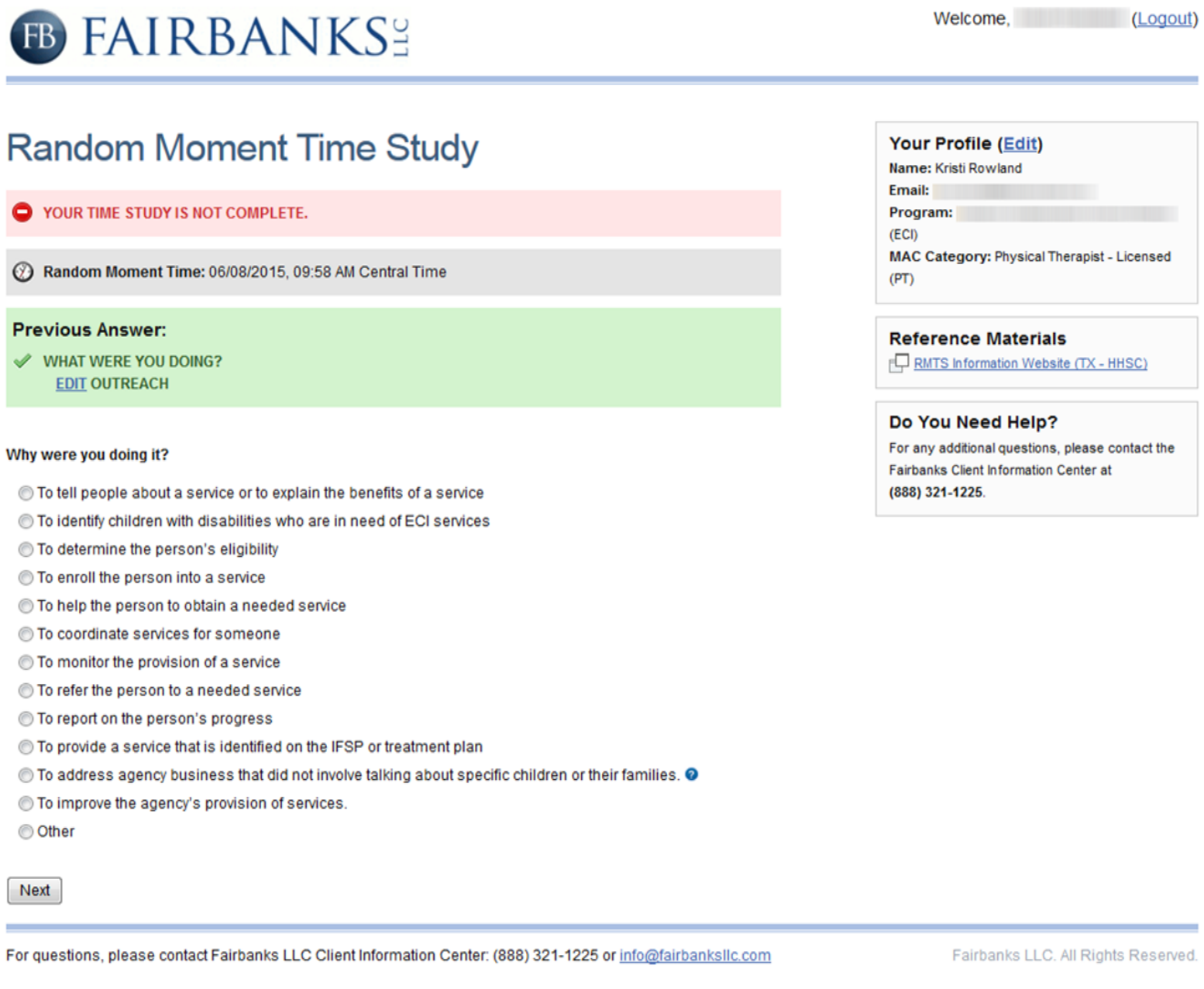
Cont'd SERVICE LIST

Legal
Medical (*hover over* – physician, hospital, lab, x-ray, nursing)
Neonatal Intensive Care Unit
Nutrition
Occupational therapy
Parenting classes
Pharmacy
Physical therapy
Prenatal care
Psychological/Counseling
Respite care
Specialized Skills Training (*hover-over: Developmental Svcs)*
Social work
Speech therapy
Assistive technology services and devices
Vision
None of the above

Response – Question 2

Why were you doing it?

Why were you doing it?



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

Previous Answer:

WHAT WERE YOU DOING?
EDIT OUTREACH

Why were you doing it?

- To tell people about a service or to explain the benefits of a service
- To identify children with disabilities who are in need of ECI services
- To determine the person's eligibility
- To enroll the person into a service
- To help the person to obtain a needed service
- To coordinate services for someone
- To monitor the provision of a service
- To refer the person to a needed service
- To report on the person's progress
- To provide a service that is identified on the IFSP or treatment plan
- To address agency business that did not involve talking about specific children or their families.
- To improve the agency's provision of services.
- Other

Next

Your Profile (Edit)
Name: Kristi Rowland
Email: [redacted]
Program: [redacted] (ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at **(888) 321-1225**.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Response – Question 2

Why were you doing it?

Why were you doing it?

- ❑ **To tell people about a service or to explain the benefits of a service**
  - Is the person or their child already receiving services?
    - Yes
    - No
  - Are you the assigned service coordinator?
    - Yes
    - No
- ❑ **To identify children with disabilities who are in need of ECI services**
  - Did you discuss Medicaid or Medicaid funded services?
    - Yes
    - No
- ❑ **To enroll the person into a service**
  - Select Service
  - Are you the assigned service coordinator?
    - Yes
    - No

Response – Question 2

Why were you doing it?

Why were you doing it?

❑ **To determine the person's eligibility**

For funding or monetary assistance:

CHIP
SNAP
Medicaid
SSI
TANF
WIC
Other – text box

For Services

Select service

Are you the assigned Service Coordinator?

Yes No

❑ **To help the person obtain a needed service**

Select Service

Are you the assigned Service Coordinator?

Yes No

Response – Question 2

Why were you doing it?

Why were you doing it?

❑**To coordinate service for someone**

Select Service

Are you the assigned Service Coordinator?

Yes No

❑**To monitor the provision of a service**

Select Service

Are you the assigned Service Coordinator?

Yes No

To refer the person to a needed service

Select Service

Are you the assigned Service Coordinator?

Yes No

Response – Question 2

Why were you doing it?

Why were you doing it?

- ❑ **To report on the person's progress**
  - Select Service
  - Are you the assigned Service Coordinator?
  - Yes No
- ❑ **To provide a service that is identified on the IFSP or treatment plan**
  - Select Service
- ❑ **To address agency business that did not involve talking about specific children or their families**
- ❑ **To improve the agency's provision of services**
- ❑ **Other – text box**

Response – Question 3

Activity was a direct benefit to whom?

Activity was a direct benefit to whom?

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

Previous Answer:

WHAT DID YOU DO THAT REQUIRED YOUR SPECIALIZED KNOWLEDGE?
EDIT GGG

The activity was of direct benefit to a:

- Child who is eligible for ECI
- Child whose eligibility for ECI has not been determined yet
- Child determined to not be eligible for ECI
- Family member/caregiver and NOT THE ECI CHILD
- Group of people
- None of the above

Next

Your Profile (Edit)
Name: [redacted]
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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Response – Question 3

Activity was a direct benefit to whom?

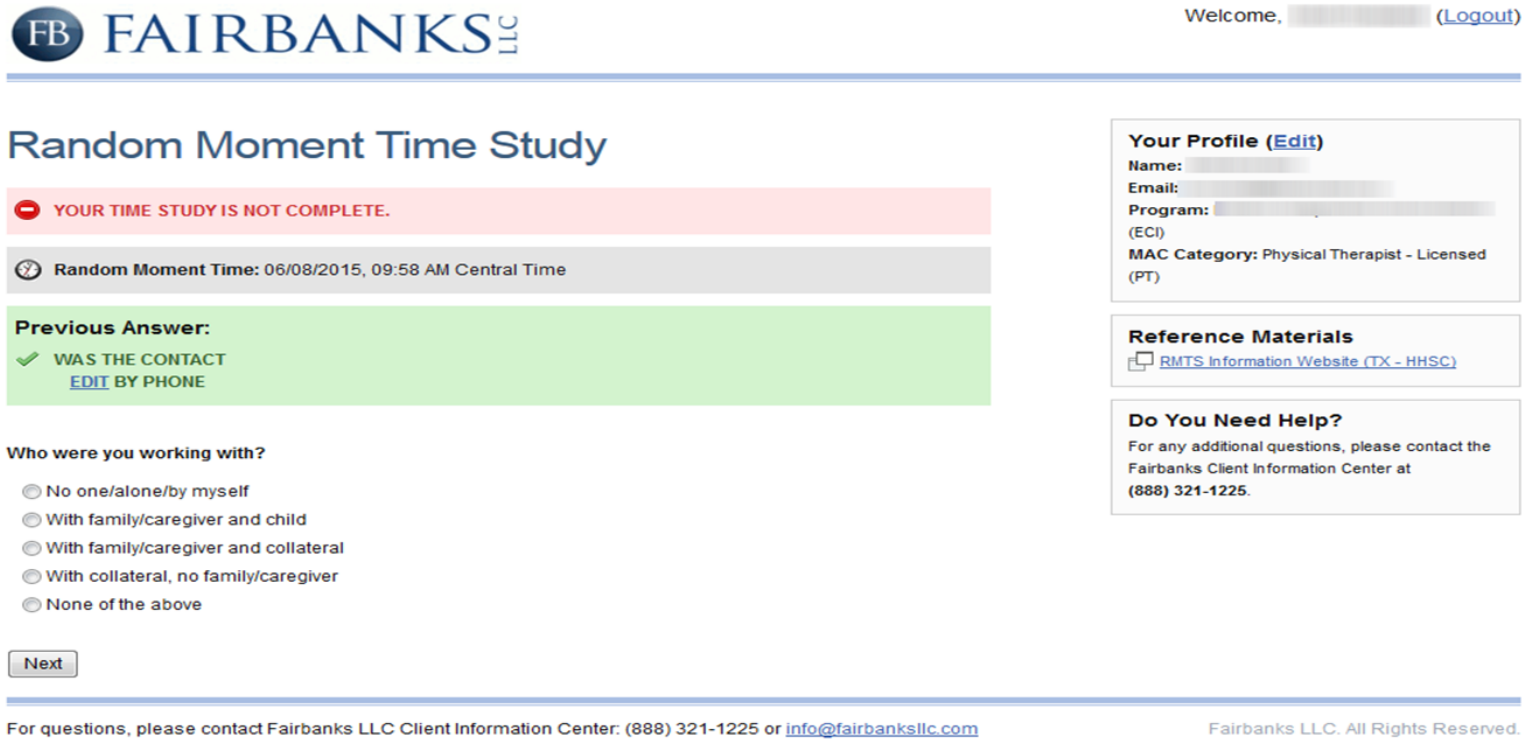
Activity was of direct benefit to a?

- ❑ **Child who is eligible for ECI**
- ❑ **Child whose eligibility for ECI has not been determined yet**
- ❑ **Child determined to not be eligible for ECI**
- ❑ **Family member, caregiver and NOT the ECI child**
- ❑ **Group of people**
- ❑ **None of the above**

Response – Question 3

Activity was a direct benefit to whom?

Activity was of direct benefit to a?



Response – Question 3

Activity was a direct benefit to whom?

Activity was of direct benefit to a**?**

- ❑ **No one/alone/by myself**

  Were you?

  Traveling to or from the activity
  Preparing for the activity
  Documenting the activity
  None of the above

  Please provide a 1-2 sentence description of what you were doing

- ❑ **With family/caregiver and child**
- ❑ **With family/caregiver and collateral**
- ❑ **With collateral, no family/caregiver**
- ❑ **None of the above**

  Please Identify who was with you (open text) and do not use proper names.

Time Study Completion

Complete Time Study – Review responses and submit.

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

What were you doing?
Edit Outreach

Why were you doing it?
Edit To refer the person to a needed service

Please identify the service that was performed or discussed:
Edit Nutrition

Are you the assigned service coordinator?
Edit Yes

Could only someone with specialized medical/clinical knowledge and training perform this activity?
Edit Yes

What did you do that required your specialized knowledge?
Edit ggg

The activity was of direct benefit to a:
Edit Family member/caregiver and NOT THE ECI CHILD

Who were you working with?
Edit With family/caregiver and child

Certify & Submit

Your Profile (Edit)
Name: Kristi Rowland
Email: [redacted]
Program: [redacted]
(ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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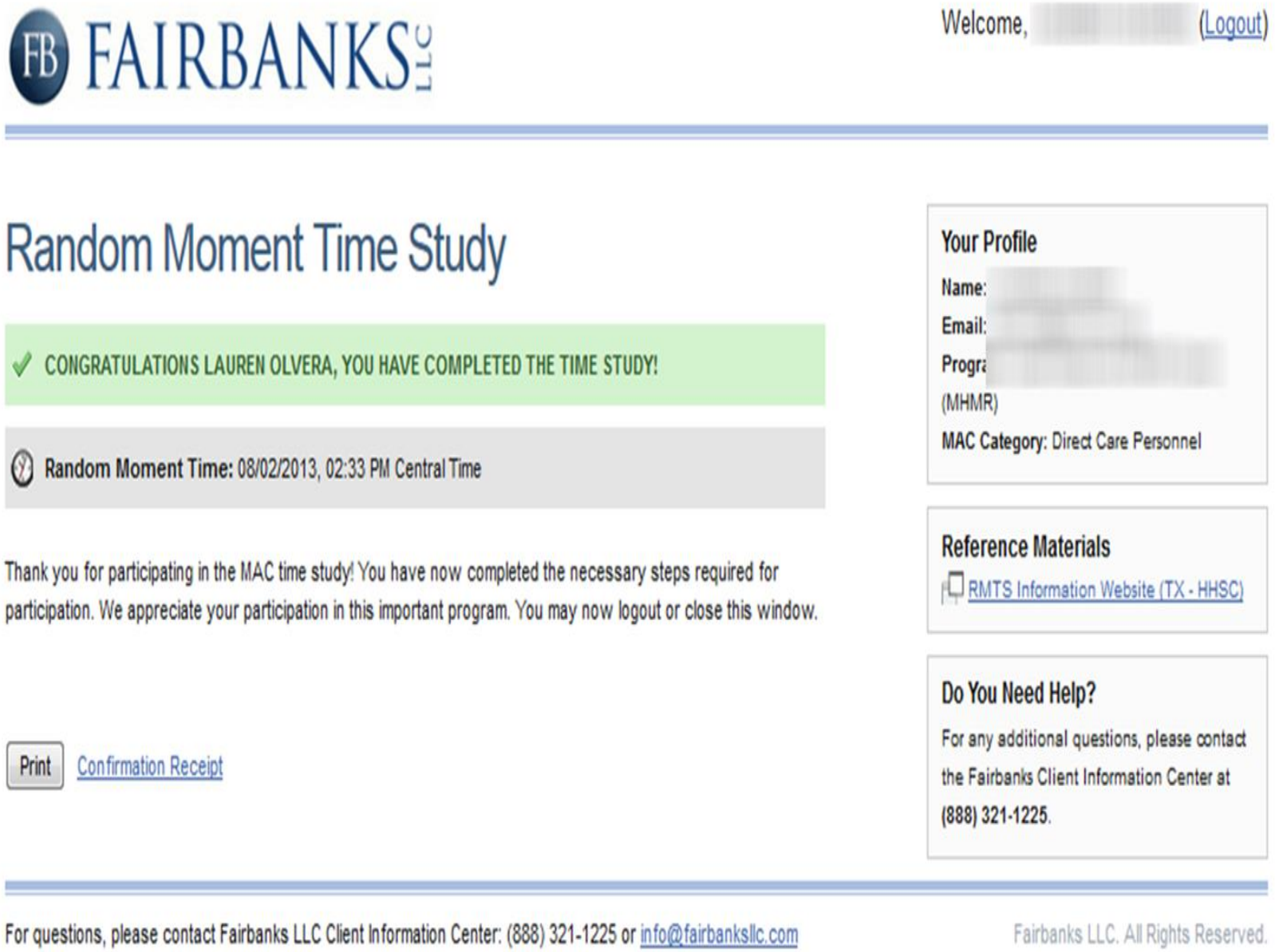
Time Study Completion

Complete Time Study – Printed completed RMTS .



FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

✓ CONGRATULATIONS LAUREN OLVERA, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

Print Confirmation Receipt

Your Profile

Name: [redacted]

Email: [redacted]

Progra[redacted]

(MHMR)

MAC Category: Direct Care Personnel

Reference Materials

RMTS Information Website (TX - HHSC)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Time Study Completion

Complete Time Study – Printed Confirmation Receipt

FAIRBANKS LLC

Welcome, [redacted] (Logout)

Random Moment Time Study

KRISTI ROWLAND, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 06/08/2015, 01:30 PM CENTRAL TIME.

Random Moment Time: 06/08/2015, 09:58 AM Central Time

Here are your answers:

What were you doing?
Outreach

Why were you doing it?
To refer the person to a needed service

Please identify the service that was performed or discussed:
Nutrition

Are you the assigned service coordinator?
Yes

Could only someone with specialized medical/clinical knowledge and training perform this activity?
Yes

What did you do that required your specialized knowledge?
ggg

The activity was of direct benefit to a:
Family member/caregiver and NOT THE ECI CHILD

Who were you working with?
With family/caregiver and child

Print

Your Profile
Name: [redacted]
Email: [redacted]
Program: [redacted] (ECI)
MAC Category: Physical Therapist - Licensed (PT)

Reference Materials
RMTS Information Website (TX - HHSC)

Do You Need Help?
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For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Email Messages

Types of Communication managed predominantly via e-mail, i.e.:

- RMTS moment notifications and follow ups
- Participant list updates
- Compliance follow-ups
- MAC Financial notifications and follow-ups

You will receive messages based on your role in Fairbanks (RMTS, MAC Financial Contact, etc.)

- Authorize your ECI e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails with info@fairbanksllc.com, and @hhsc.state.tx.us extensions pass through firewalls and spam filters.

Helpful Hints

Passwords

- Passwords will not change
- If you forget your password, you can reset it at the log-in screen

Manage Contacts

- Delete contacts if they are no longer with your entity
- Do not back space and type over the name
- To add a contact in system, use the “Add a new contact”
- Username & Password will be e-mailed
- The primary contact can change primary status to a secondary. A secondary contact cannot change primary contact status.
- There is only one Primary contact for each role (RMTS and MAC Financial)
- Secondary Contacts are unlimited in number.

For system questions contact Fairbanks support line:
(888) 321-1225

WRAP-UP

If you are not listed in the Fairbanks system as a Contact, you cannot receive training credit until the Primary RMTS or CEO has created an account for you.

There are **NO** certificates for training:

You will receive an email for attending today's training. It does not mean that you will receive training credit.

RMTS Contacts can view attendance information via Fairbanks by clicking the "Training" tab on the top far right portion of the screen

Please give the required maximum of 9 days processing time after attending training. When credit has been applied the "status" column will show full access.

Once "Full Access" is indicated you will be able to update/certify the participant list

You can print this screen using the printer icon located on the top right corner of the screen for your records

Contact Information

Time Study	(512) 490-3194
Richard Baylie - Director	
Ri-Chard Thomas – Team Lead	
Alexandra Young – Rate Analyst	
E-Mail Address	Timestudy@hhs.texas.gov.
Website	
https://pfd.hhs.texas.gov/time-study/early-childhood-intervention-eci	
Fairbanks, LLC. (888) 321-1225	info@fairbanksllc.com

Thank you

Time Study Unit